

PARENTWORKS Participant Registration

Name: _____

Docket Number: _____
(If applicable)

Address: _____

Phone Numbers: _____ (Daytime)
_____ (Evening)

Name of partner to be
scheduled at a different time: _____
(If applicable)

How many children will be
affected by this transition: _____ boy(s) _____ girl(s)

PAYMENT

- ☐ I have enclosed my \$60 workshop fee with this form.
- ☐ I plan to pay by cash/check on the day of the workshop. (HCI does not accept credit card payments at this time.)
- ☐ I am requesting financial assistance for this workshop. I can contribute \$_____ towards my registration fee.
- ☐ I will not be taking this workshop anytime soon.

Forward to: Home Counselors Inc.
375 Main Street, Rockland, ME 04841
FMI: Tel. 207 596-0359, Ext. 117